

MBE/WBE QUESTIONNAIRE

Company Name _____

Company Address _____

City: _____ State: _____ Zip: _____ - _____

Contact Person _____ Telephone _____

Year Established _____

Products and Services: _____

FAX _____ E-mail _____ Website _____

Please Indicate Ownership Code(s) _____

HAF (Hispanic American Female)

NAF (Native American Female)

AAF (African American Female)

APF (Asian-Pacific American Female)

WOB (Woman-Owned Business)

HAM (Hispanic American Male)

NAM (Native American Male)

AAM (African American Male)

APM (Asian-Pacific American Male)

Other

CERTIFICATION

I hereby certify that the above-named enterprise is solely owned by a minority person or a woman, has at least one active partner who is a minority or a woman, and/or 51% of the corporate stock is owned by a minority or a woman.

Name _____

Signature _____

Title _____

Date _____

CATEGORIES OF BUSINESS

(No more than two (2) categories can be selected)

ACCOUNTANTS "
ACCOUNTING/BOOKKEEPING/TAX
SERVICES "
ADVERTISING "
ADVERTISING SPECIALTIES "
ANTIQUES "
ANSWERING SERVICES "
APPRAISERS "
ARCHITECTS "
ARTS /CRAFTS/ART "
ATTORNEYS "
AUTOMOBILE SALES "
AUTOMOBILE SERVICES "
BOOK STORES "
BRIDAL SERVICES "
BROKER SERVICES "
CARPET SERVICES/CLEANING "
CLEANERS/LAUNDRY "
CLOTHING STORES "
COMPUTER SALES/SERVICES "
CONSULTING SERVICES "
CONTRACTING SERVICES "
 carpentry "
 concrete "
 demolition "
 electrical "
 excavating "
 general "
 glass "
 heating "
 lawn and garden services "
 painting "
 refrigeration "
 remodeling "
 rock/sand/gravel "
 snow removal "
 exterminators "
DOORS/WINDOWS "

OTHER " _____

DRAFTING SERVICES "
EMPLOYMENT AGENCIES/SERVICES "
FINANCIAL SERVICES "
FLORISTS "
FOOTWEAR "
GIFT SHOPS "
GRAPHIC DESIGNS "
GROCERY STORES "
HAIR CARE SERVICES/SALONS "
HEALTH CARE SERVICES "
HEALTH AND FITNESS "
INSURANCE "
INTERPRETATION/TRANSLATION
SERVICES "
JANITORIAL SERVICES "
MAILING SERVICES "
MARKETING SERVICES "
MEDICAL SUPPLIES "
NON-PROFIT ORGANIZATIONS "
OFFICE SUPPLIES "
PERSONNEL/SECRETARIAL SERVICES
PHARMACY "
PHOTOGRAPHERS "
PRINTING/TYPESETTING/COPYING
SERVICES "
PUBLIC RELATIONS "
REAL ESTATE SALES/SERVICES "
RESTAURANTS "
SECURITY SERVICES "
SERVICE STATIONS "
TANNING SALONS "
TAVERNS "
TOWING SERVICES "
TRANSPORTATION "
SERVICES/COURIER/PASSENGER "
TRAVEL AGENCY "
TRUCK REPAIR "
VACUUM SERVICES "

Return Questionnaire To:
Sandi Moody
LCHR
440 South 8th Street, Suite 101
Lincoln, NE 68508